



**Speech and Language Referral form for School age**

<b><u>Child's details</u></b>	
Name:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of Birth:	
Address:	
Telephone Numbers: (Home)	(Mobile):
Email:	
Name of parents/guardians:	
GP:	Practice:
Languages spoken at home:	

<b><u>School:</u></b>	Class Teacher:
Year Group:	
Progress at School (e.g. curriculum levels); is the child working within expected levels? Emerging, developing or secure?	
Relevant History - Has an additional need been identified (e.g. Autism, Dyslexia etc)	
Has this child been known to the Speech and Language Therapy Service before? If so why? What has changed since the previous referral?	
Please indicate if this child is at school action or school action plus.	
If this child has an IEP please attach it for information.	
Have you watched the information video on how to fill in the referral form? Yes/ No	
<a href="https://www.gov.gg/SLT">https://www.gov.gg/SLT</a>	

Involvement of other agencies		
Have any of these agencies been involved? If so please attach the most recent report. Please tick all that apply.		
	Please tick	Report attached
Behavioural support team		
Specialist teaching service		
Educational psychology		
Occupational Therapy		
CAMHS		
Social Worker		
CIAS		
Audiology		
Sensory Impairment Service		
Other (please list)		

Level of anxiety or concern				
<b>Please tick or highlight your levels.</b>				
School staff	None	Mild	Moderate	Severe
Parents	None	Mild	Moderate	Severe
Child	None	Mild	Moderate	Severe

**Who will be able to support this child if intervention is required?**

School staff	
LSA	
Parent	

What action have you already taken?	
Please give details	
1. What speech, language or communication needs have you identified already?	
2. Strategies and outcomes.	
What strategies are you already using?	What was the outcome?
Universal – whole class	

Targeted – small group or individual attention.	

### **Speech, Language and Communication skills.**

Each of these sections asks you to compare the child's skills with those of others in the class. At the end of each section there is a space for you to comment. Please add any extra information which you think may be useful.

#### 1. Attention and listening

How well can the child.....			
Skill:	Less able than others in the class	Similar ability	More able than others
Listen to whole class discussions?			
Give appropriate eye contact?			
Stay on task without an adult prompt?			
Behave appropriately?			
Comments.			

#### Receptive language skills:

How well can the child.....			
Skill:	Less able than others in the class	Similar ability	More able than others
Remember long instructions?			
Understand verbal instructions?			
Follow stories or explanations?			
Understand abstract language – jokes/idioms/metaphors etc?			
Ask for clarification if he/she doesn't understand?			
Comments			

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#### Expressive language skills:

How well can the child.....			
Skill:	Less able than others in the class	Similar ability	More able than others
Take part in class discussions?			
Use word endings – eg. -ed/ -ing & include small grammatical words e.g. is,a			
Use vocabulary appropriately?			
Relate an event or story with appropriate order and detail?			
Make predictions and give explanations?			
Comments			

#### Social Use of Language.

How well can the child.....			
Skill:	Less able than others in the class	Similar ability	More able than others
Start a conversation with an adult?			
Start a conversation with children?			
Use eye contact & facial expression appropriately?			
Change their communication style according to the situation?			
Play co-operatively with other children?			
Make friends?			
Comment			

Does the child often change topic unexpectedly?	Yes	No
Does the child have a favourite topic that they talk about for an unusual length of time?	Yes	No

Speech sounds and pronunciation.

**Has Speech link been done? This is a pre-requisite for speech sound difficulties. Please attach the report.**

Can the child be understood by:		
Familiar adults?	Yes	No
Unfamiliar adults?	Yes	No
Other children?	Yes	No
Comment		

Please tick all that apply.		
What particular sounds have you noted that are difficult for the child?		
Is the child's speech usually fluent?		
Does the child have a hoarse voice or voice loss?		
Comment		

Other skills:

How well can the child.....			
Skill:	Less able than others in the class	Similar ability	More able than others
Reading			
Spelling			
Maths			
Drawing/painting			
PE			
Practical activities – technology/ experiments			
Comment			

Additional comments:
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Referred by:	Designation:
Signed:	Date:
<p><b>Have you discussed this referral with the parent? Yes / no</b></p> <p><b>If the child is over 12 have you discussed this referral with the child? Yes/ no</b></p>	
<p align="center"><b>IT IS ESSENTIAL TO OBTAIN PARENTAL PERMISSION BEFORE A REFERRAL IS MADE</b></p>	
<p>I agree to this referral for assessment and am aware that parental support is essential for effective intervention</p> <p>Parental consent received: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Parent's signature: _____ Date: _____</p> <p>Parent name – please print.</p> <p><b>If the child is over 12.</b></p> <p>Child's signature: _____</p> <p>Date: _____</p>	